

APPLICATION FOR SEARCH OF DEATH RECORD FILES

FULL NAME OF DECEASED: _____
First Middle Last

PLACE OF DEATH: _____
Hospital City/Village/Twp County

DATE OF DEATH: _____ SEX: _____
Month Day Year Male Female

DATE OF BIRTH: _____ BIRTHPLACE: _____
Month Day Year

MARRIED: ____ WIDOWED: ____ NEVER MARRIED: ____ DIVORCED: ____

NAME OF HUSBAND OR WIFE: _____

APPLICATION MADE BY:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S SIGNATURE : _____

APPLICANT'S RELATIONSHIP TO DECEASED: _____

PHONE NUMBER _____

NUMBER OF COPIES DESIRED: _____

A copy of applicants State Issued Identification is required with this request

Certified copies \$11.00 for the first copy, \$6.00 each additional copy

\$7.00 First Copy, \$2.00 Each Additional

Genealogy Copies require a NON REFUNDABLE \$10.00 Search fee PLUS \$7.00

(SEARCH FEE MUST BE A SEPARATE CHECK OR MONEY ORDER)

(Genealogical copies are non- certified copies for those passed 20 years ago or more only)

Send to:

Ford County Clerk & Recorder
200 W. State St., Room 101
Paxton, IL. 60957